

COMMONWEALTH OF VIRGINIA  
STATE BOARD OF ELECTIONS

LOC. CODE	LOCALITY NAME (REQUIRED)

### General Registrar Address Change

Please Check One

☐ 911 Address Change ☐ \* Physical Move, if so, Move Date \_\_\_\_\_

ADDRESS LINE 1 (REQUIRED)		
ADDRESS LINE 2 (OPTIONAL)		
ENTER TELEPHONE OR FAX NUMBER ONLY IF CHANGED.		
ZIP CODE(REQUIRED)	AREA CODE AND TELEPHONE NUMBER	AREA CODE AND FAX NUMBER
E-MAIL ADDRESS (OPTIONAL)		

### County or City Precinct Polling Place Change - All Data is Required

Please Check One

☐ 911 Address Change ☐ \* Physical Move, if so, do you want Voter cards? Yes ☐ No ☐

PCT CODE	PRECINCT NAME
POLLING PLACE NAME	
POLLING PLACE ADDRESS	

### Town or Town Precinct Polling Place Change - All Data is Required

Please Check One

☐ 911 Address Change ☐ \* Physical Move, if so, do you want Voter cards? Yes ☐ No ☐

TOWN CODE	P	TOWN NAME
TOWN POLLING PLACE NAME		
TOWN POLLING PLACE ADDRESS		

SBE USE ONLY		
CHANGED BY:	DATE :	VC TRANS CODE:

\* The Department of Justice's approval letter is required.  
Rev SBE-15 04/01